

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR INSPECTION AND CERTIFICATE OF SAMPLING		APPLICATION TAKEN BY <i>(Initials)</i>	DATE	HOUR
NAME AND MAILING ADDRESS OF APPLICANT <i>(Include City, State, ZIP)</i>		NAME AND MAILING ADDRESS OF RECEIVER OR BUYER <i>(Include City, State, ZIP)</i>		
IF REQUEST BY OTHER THAN APPLICANT, SPECIFY NAME OF PARTY		CONTRACT OR ORDER NUMBER	DATE AVAILABLE FOR SAMPLING/INSP.	

NOTE: Mark an "X" in appropriate blocks

MAIL CERTIFICATE AND FEE BILL TO

☐ APPLICANT ☐ OTHER *(Specify)*TYPE OF PRODUCT ☐ CANNED ☐ FROZEN ☐ DRIED ☐ DEHYDRATED ☐ OTHER

NAME OF PRODUCT

TYPE OF CASE

☐ NONE ☐ DOMESTIC ☐ OTHER *(Specify)*CASE MARKS *(Specify in "Remarks" on reverse)*☐ COMMERCIAL ☐ SPECIAL

PRODUCT PREVIOUSLY GRADED

☐ NO ☐ YES *(If "Yes", give Certificate Number)*

REPORT RESULTS IMMEDIATELY AFTER GRADING TO

☐ APPLICANT ☐ OTHER *(Specify)*

ADDITIONAL REQUIREMENTS

☐ Certificate of Date of Pack *(Federal or State Agencies)*.☐ Condition of Container Examination *(Federal or State Agencies)*. Attach Form AD-748 or 741 when accomplished.☐ "Officially Sampled" stamp on cases. Stamp this form when accomplished.☐ USDA Contracts – Country of Origin Certification and Traceability Documents.☐ Checkloading Required Date:

LOT NO.	LOT SIZE AND DESCRIPTION	NO. AND TYPE OF CONTAINERS IN CASE	CODE MARKS IN LOT				NO. SAMPLES
			<input type="checkbox"/> EMBOSS	<input type="checkbox"/> INK STAMPED	<input type="checkbox"/> INK JET	<input type="checkbox"/> OTHER	

ADDITIONAL SAMPLE UNITS FOR: ☐ ANALYTICAL ☐ USDA REVIEW ☐ MONTHLY REVIEW ☐ OTHER _____

REMARKS

THIS IS TO CERTIFY that in compliance with the regulations of the Secretary of Agriculture governing the inspection of processed fruits and vegetables pursuant to the Agricultural Marketing Act of 1946, as amended, I have this day drawn samples believed by me to be representative of the lots described above.

DATE		ADDRESS OF SAMPLER OR FIELD OFFICE			OFFICIAL SAMPLER PRINT AND SIGN NAME						
DATE	DRIVING (HRS)	SAMPLING (HRS)	STAMPING (HRS)	CONDITION (HRS)	CHECKLOADING (HRS)	PRODUCT EXAM (HRS)	OTHER (HRS)	TOTAL HOURS	OVERTIME (HRS)	NIGHT DIFF (HRS)	INSP INT.

Information in this application will be used in connection with performing an inspection on the product described above (7 CFR 52). According to the Paperwork Reduction Act of 1995, An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0123. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, sexual orientation, marital or family status, political beliefs, parental status, or protected genetic information. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

